

Members

Sen. Steven Johnson, Chair
Sen. Cleo Washington
Rep. Susan Crosby
Rep. Gloria Goeglein
Robert Bonner
David Giles
Galen Goode
John Huber
Gloria Kardee
Jerri Lerch
Amelia Cook Lurvey
Janet Marich
Stephen Spindler
Judith Tilton



INDIANA COMMISSION ON MENTAL HEALTH

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 232-9588 Fax: (317) 232-2554

LSA Staff:

Ron Sobacki, Fiscal Analyst for the Commission
Steve Wenning, Attorney for the Commission

Authority: P.L. 37-1998

MEETING MINUTES¹

Meeting Date:	October 21, 1999
Meeting Time:	10:00 A.M.
Meeting Place:	State House, 200 W. Washington St., Room 233
Meeting City:	Indianapolis, Indiana
Meeting Number:	3

Members Present: Sen. Steven Johnson, Chair; Sen. Cleo Washington; Rep. Susan Crosby; Robert Bonner; David Giles; Galen Goode; John Huber; Jerri Lerch; Amelia Cook Lurvey; Stephen Spindler.

Members Absent: Rep. Gloria Goeglein; Janet Marich; Gloria Kardee; Judith Tilton; Candace Backer.

Chairman Johnson announced that at this final meeting, Commission members would do the following:

- hear from the new Secretary of the Indiana Family and Social Services Administration,
- hear testimony from witnesses concerned with parity for substance abuse treatment, and
- discuss what the contents would include in the final report that they would submit to the Legislative Council.

Peter Sybinsky, Ph.D., Secretary of the Office of Family and Social Services (FSSA)
Dr. Sybinsky was named the Secretary of FSSA in May 1999. He told the Commission members that his experience in the field of mental health included working in different capacities in California and Hawaii. While in California, he was the senior vice president and COO of the California Medical Association. While living in Hawaii, he spent 18 years with the Hawaii Department of Health serving as deputy director and director.

¹Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

The Hawaii Department of Health included the equivalent of the FSSA's Division of Mental Health and Division of Disability, Aging and Rehabilitative Services. While in Hawaii, he worked on the State Health Insurance Program, a successful effort, which guaranteed universal access to basic health care in Hawaii.

He identified several areas where Indiana has improved delivering services to families in need:

- early intervention services, such as Healthy Families;
- in-home services through the CHOICE program;
- expansions made possible under Children's Health Insurance Program (CHIP);
- providing mental health services to children and adults through the Hoosier Assurance Program; and
- providing substance abuse prevention activities through after school programs for youth.

Dr. Sybinsky said that when the Division of Mental Health began developing the Hoosier Assurance Plan in 1992, the primary goal was to support the provision of services, which met the needs of the individual consumer in the least restrictive setting possible. The program resulted in the state shifting from funding programs to funding consumers. Individualized treatment plans were required and, most important, consumers were empowered to take an active role in their recovery. Along with this came the focus on outcomes.

He told the Commission that FSSA must continue to ask:

- Did the services improve the consumer's life?
- Was the consumer more self-sufficient than when the services began?
- Was the consumer satisfied with the services they received?

The goal must be to help individuals be as self-sufficient as possible in the least restrictive setting possible.

For the Division of Mental Health, two of the more immediate priorities are identifying and treating "hard to serve" individuals, and effectively caring for those individuals who are dually diagnosed and living in state facilities. He described some of the efforts that FSSA made in working with these individuals.

Dr. Sybinsky then described three other problems that FSSA is trying to address:

- Concerning children's mental health issues, he reported that the Center for Mental Health Services awarded Indiana two Children's Mental Health Initiative Grants in September. These grants are the product of FSSA working with the Department of Corrections, the Department of Education and community groups in Lake and Marion Counties. Both counties will receive \$7 million in federal funding over a five-year period. He said that many children with an addiction will receive services through these grants. Although the term mental health is used, he told the Commission members that children with emotional disturbances often abuse drugs or alcohol.
- FSSA is in the process of carrying out the next phase of the Children's Health Insurance Program, a program that will in part be directed to children in need of mental health and

substance abuse treatment.

- Staff from the various divisions within FSSA is also involved in the work of the Council on State Operated Facilities. The Council will be making a preliminary report to the Governor in December 1999 and will submit a final report in December 2000.

He concluded by saying that strong community partnerships and collaborative partnerships between existing programs are critical to the ability of FSSA to effectively deliver services close to home.

Steve McCaffrey, President and CEO Indiana Mental Health Association :

Mr. McCaffrey discussed the issue of substance abuse parity. He said that while Indiana is one of a few states that mandate mental health parity in health coverage, it still does not cover substance abuse.

George Brenner, Indiana Addictions Issues Coalition, Inc. :

Mr. Brenner told the Commission members that he is part of a new group that will advocate for substance abuse coverage in insurance coverage. He introduced a recovering alcoholic named Linda who has been clean and sober for the past year. She indicated that she had assistance in recovering from her addiction through services provided by Harbor Lights and Gallahue Mental Health Services.

Dena Davidson, Ph.D., Institute of Psychiatric Research:

Testimony of Dr. Davidson is included in Exhibit A.

Tim Kelly, MD, CEO, Fairbanks Hospital

Dr. Kelly told the Commission members that chemical dependency is an insidious problem because it generally affects six other people besides the addict. These other people include family members, coworkers and sometimes strangers they have killed or injured in accidents due to alcohol or substance abuse.

He said that the medical community, only since the 1960's, has accepted alcoholism and drug addiction as diseases. Consequently, health care professionals are now beginning to understand some causes of substance abuse and effective methods of treating the disease.

Dr. Kelly also made the following points to the commission members:

- An impediment for alcoholics and drug addicts is that many health care policies provide one lifetime treatment. Consequently, those who relapse are not able to receive subsequent services through their insurance policies.
- Insurance companies will often not pay for treatment that is court ordered. Dr. Kelley noted that a positive outcome is related less to a person's attitude at the onset of treatment and more with the support of family and community. Consequently, volunteering for treatment for the outcome to be successful is not as important as getting a substance abuser into a treatment program.
- While services provided by Alcoholics Anonymous (AA) are financed by non-governmental sources and may be the most cost effective treatment, AA services are only effective for a segment of the population who are addicted.

Carla Gaff-Clark

Ms. Gaff Clark's comments are included in Appendix B.

Rick Gustafson, Director of Beacon House:

Mr. Gustafson told the Commission members that the Beacon House is a structured living program for recovering addicts. He described the outcomes of two different addicts who tried to obtain addiction services through their insurance coverage.

Mr. Gustafson said that not treating alcohol and drug addiction increases the costs to both hospitals treating secondary medical problems resulting from substance abuse and the criminal justice system. Consequently, early substance abuse treatment is highly cost effective. Senator Johnson suggested that while the savings associated with additional investments in addictions services are generally accepted, the problem was that the cost savings are generally diffused throughout government and the private sector.

Mr. Gustafson also told the commission members that health insurance policies cover the treatments for relapses of sufferers of adult onset diseases associated with lifestyle choices (such as diabetes and hypertension). However, health insurance policies do not cover relapse treatments for substance abusers. He suggested that this was because substance abusers are held to a higher standard.

Mary Ann Shepherd, President, Employment Assistance Professionals Association:

Ms. Shepherd provided statistics about substance abuse problems in the work place. Her comments are included in Appendix C.

Ken Garner, Howard Community Hospital:

Mr. Garner provides chemical dependency counseling as a private contractor. He told the Commission members that currently the largest mental health facility in the United States is the Los Angeles County jail. He said that 20 to 40% of substance abusers also have a mental illness diagnosis.

He also said that insurance companies need to take a more holistic approach with health services coverage by not dividing the services into physical mental health and substance abuse services. He noted that an American Medical Association report found families with an addict member have 100% higher medical expenses than families without an addicted family member.

Pastor George McCowan III, Allen County:

Rev. McCowan told the Commission members about his experience in working in the addiction service area for the past 20 years. He said that medical and grass root services need to merge. He told Commission Members that the entire family of an addict are affected by the addiction. He also described the need for more transitional services.

John Brumbaugh, Addictions Counselor

Mr. Brumbaugh commended the work of the commission. He described his efforts in the field. He also provided statistics on findings of research that was published by the National Institute on Drug Abuse. These findings are included in Appendix D.

Janet Corson, Director, Division of Mental Health

Ms. Corson reported on a follow up report involving a series of focus groups throughout the state concerning consumer choice of mental health services. The actuarial firm, William H. Mercer Inc., submitted these findings in a report to DMH titled "Assisting Consumers in Making An Informed Choice of Managed Care Provider".

She told the Commission members that the Mercer staff interviewed 100 people in focus groups across Indiana in December, 1998. The focus groups included consumers, family members, providers and advocates. Participants in the focus groups

were asked several questions related to the significance of having choice in regards to mental health treatment. Participants were asked to rank as most important the choice of managed care provider, types of services and the individual providing the service. Ms. Corson reported that the focus groups ranked individuals providing the services as most important, followed by the services provided and the managed care providers as third. Ms. Corson emphasized that the consumers, family members, and advocates felt that having choice in each of these areas was important. The providers have somewhat different perspective. While recognizing choice was important, they focus on a number of concerns associated with bringing more choice to the system.

Ms. Corson then described two options offered in the report. One method proposed using a statewide enrollment broker to provide information to prospective consumers and to actually enroll them with a provider. A second option would be providing standardized information to consumers and their families through a mailing, and having an informed individual available to answer questions through an 800 telephone number two months prior to the time of year (July 1st) when consumers are re-enrolled by a provider.

Commission Discussion and Recommendations

Senator Johnson told the commission members that the Mercer Report recommendation of multi year funding is not compatible with the method that the State Legislature funds the state budget. This is because the State Legislature does not obligate itself for more than two years. He said that the Mercer report could be used as a basis to increase funding over each biennium.

During the Commission discussion, the members recommended the following issues be included in the final report. Each recommendation passed by voice vote.

- 1) A significant portion of the tobacco settlement should be spent on addiction services.
- 2) Parity of substance abuse should be part of law.
- 3) An in-depth study should be conducted to examine the services needed across agencies to provide mental health services for children.
- 4) The Department of Correction Facility located at New Castle should have the treatment of mentally ill offenders as its top priority of the facility, and should be a forensic facility in its entirety.

The Commission approved the final report with the recommendations approved by the Commission. The report was approved by a 10 - 0 vote.

The meeting was adjourned at 1:35 p.m.